SPECIAL CONCERNS RESPONSE INFORMATION
Lake Forest Police Department
City of Lake Forest residents can use this form to provide information to be entered
into the computer-aided dispatch system for the Lake Forest Police and Fire Departments.

General Information about the Special Concerns Person:

Last Name	First Name	Middle Name	Nickname

Address		Home Phone	

Email		Cell Phone	

Birthdate	Race	Gender ☐ Male ☐ Female	Height	Weight	Hair Color	Eye Color	Photo ☐ Yes ☐ No

Employer/School Address (ONLY IF IN LAKE FOREST)

Special Concern or Conditions

Medications	How does this medication affect actions, responses, senses, potential for violence, etc.

Suggestions/Techniques/Actions that can be taken to successfully resolve a confrontation

This Special Needs Person is: (check all that apply): ☐ Non-Verbal ☐ Sensitive to light ☐ Likely to hide ☐ Sensitive to touch ☐ Likely to fight ☐ Afraid of Police or uniforms ☐ Verbally abusive ☐ Violent ☐ Subject to seizures ☐ Other (explain)_____	Please list any "activations: or "triggers" which may escalate an encounter. What actions should be AVOIDED by First Responders?

RESPONSIBLE PARTY COMPLETING THIS FORM

Last Name	First Name	Middle Name	Relationship

Address (Street Address, City, State, Zip)

Home Phone	Cell Phone	Work Phone

Signature_____ Date_____

You may deliver this form in person or by mail to the Lake Forest Police Department, 255 W. Deerpath, Lake Forest IL 60045, by fax 847-615-4382 or by email to: Detective Wendy Dumont dumontw@cityoflakeforest.com or Commander Rick Anderson andersor@cityoflakeforest.com .

Lake Forest Police Department		
☐New Applicant	☐Updated Information	☐Renewal
Date Received	Entered in CAD by:	Date/Time
	Copy to FD by:	Date/Time